

| MULTIPLE DEPENDENT CLAIM<br>FEE CALCULATION SHEET             |          |        |                          |        |                           | Application Number<br><i>CGV 781955</i> | Filing Date |        |  |
|---|----------|--------|--------------------------|--------|---------------------------|---|-------------|--------|--|
| Substitute for Form PTO-1360<br>(For use with Form PTO/SB/06) |          |        |                          |        |                           | Applicant(s)                            |             |        |  |
| * May be used for additional claims or amendments             |          |        |                          |        |                           |   |             |        |  |
| CLAIMS  | AS FILED |        | AFTER FIRST<br>AMENDMENT |        | AFTER SECOND<br>AMENDMENT |   |             |        |  |
|   | Indep    | Depend | Indep                    | Depend | Indep                     | Depend                                  | Indep       | Depend |  |
| 1   |          |        |                          |        |                           |   |             |        |  |
| 2   |          |        |                          |        |                           |   |             |        |  |
| 3   |          |        |                          |        |                           |   |             |        |  |
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| 31  |          |        |                          |        |                           |   |             |        |  |
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| 37  |          |        |                          |        |                           |   |             |        |  |
| 38  |          |        |                          |        |                           |   |             |        |  |
| 39  |          |        |                          |        |                           |   |             |        |  |
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| 41  |          |        |                          |        |                           |   |             |        |  |
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| 49  |          |        |                          |        |                           |   |             |        |  |
| 50  |          |        |                          |        |                           |   |             |        |  |
| Total<br>Indep  |          |        | 2                        |        |                           |   |             |        |  |
| Total<br>Depend   |          |        | 27                       |        |                           |   |             |        |  |
| Total<br>Claims   |          |        | 27                       |        |                           |   |             |        |  |

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